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FORM

Typed or printed name

Danielle Chandler

(to be used for all correspondence after initial filing)

Application Number	10/805,916	
Filing Date	03/22/2004	
First Named Inventor	S.V. Sreenivasan	
Art Unit	1756	
Examiner Name	Christopher Young	
Attorney Docket Number	PA133-09D13 (45223-G99999)	

Tota	al Number of Pages in This Submission.					
		EN	NCLOSURES (Check a	all that apply	(v)	
	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Comarks	tion e Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Postcard.	
\vdash	SIGNA	PURF	E OF APPLICANT, ATTO	ORNEY, C	OR AGENT	
Firm N		$\overline{}$				
Signatu	ure //					
Printed	d name Kelly K. Kordzik					
Date August 21, 2006					36,571	
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with						
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Signature (,) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						

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Date

August 21, 2006

PTO/SB/17 (11-04)

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ffective on	10/01/2004.	Patent fees are	subject to	annual	revision.

FEE TRANSMITTAL For FY 2005

(\$) 65

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Complete if Known				
Application Number	10/805,916			
Filing Date	03/22/2004			
First Named Inventor	S.V. Sreenivasan			
Examiner Name	Christopher Young			
Art Unit	1756			
Attorney Docket No.	PA133-09D13 (45223-G99999)			

METHOD OF PAYMENT (check all that apply)			FEE CALCULATI	ON (continued)		
Check Cr	edit Card	I Mo	oney Order ne	2. EXTRA CLAIM FEES Fee Description Each claim over 20 Each independent claim over	3	Fee (\$ 50 200	25 100
Deposit Account	502650			Multiple dependent claims For Reissues, each claim over	· 20 an	360	180
Number Deposit Account Molecular Imprints, Inc.		more than in the original par For Reissues, each independent	tent nt clai	50 m	25		
Name Land Control of the Control of			more than in the original par		200	100 Fac Boid (\$)	
The Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below			Total Claims Extra Cla - 20 or HP = HP = highest number of total claims		x =	Fee Paid (\$)	
Charge fee(s) i	ndicated b	elow, except f	or the filing fee	Indep. Claims Extra Cl	<u>aims</u>	Fee (\$)	Fee Paid (\$)
Charge any adunder 37 CFR	ditional fee	e(s) or underpa	yments of fee(s)	- 3 or HP = HP = highest number of independent		x =	ter than 3
Credit any over				Multiple Dependent Claims	· Gaiiiio	Fee (\$)	Fee Paid (\$)
to the above-identified deposit account.			Subt	total	(2) \$		
Other (please identif	fy):			3. OTHER FEES		Small Entit	v
WARNING: Information on					Fee (\$)	Fee (\$)	Fee Paid(\$)
information should not be information and authorizat			vide credit card	1-month extension of time	120	60	
FEE CA	ALCULAT	TION		2-month extension of time	450	225	
1. BASIC FILING FEE	:			3-month extension of time	1,020		
	· .	Small Entity	Fee Paid(\$)	4-month extension of time	1,590	795	
Fee Description	Fee (\$)	Fee (\$)	ree Palu(3)	5-month extension of time	2,160	1,080	
Utility Filing Fee	79 0	395		Information disclosure stmt. fee	180	180	
Dogian Cilina Foo	350	176		37 CFR 1.17(q) processing fee	50	50	
Design Filing Fee	330	175		Non-English specification	130	130	
Plant Filing Fee	550	275		Notice of Appeal	500	250	
Reissue Filing Fee	790	395		Filing a brief in support of appeal	500	250	
reissue i ning i ee	770	333		Request for oral hearing	1,000	500	
Provisional Filing Fee	160	80	·	Other: Terminal Disclaimer			65
_	Subto	tal (1) \$		Sub	ototal	(3) \$ <u>65</u>	

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 36,571	Telephone 512.370.2851
Name (Print/Type) Kelly K. Kordzik		Date 8-21-06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this-form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.